



Indiana Pro Bono Commission  
230 East Ohio Street, Suite 400  
Indianapolis, IN 46204

## PRO BONO DISTRICT GRANT APPLICATION FOR 2012 IOLTA FUNDING

Pro Bono District: \_\_\_\_\_  
Program Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_, IN Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail address and website: \_\_\_\_\_  
Judicial Appointee: \_\_\_\_\_  
Plan Administrator: \_\_\_\_\_  
Names of Counties Served: \_\_\_\_\_  
Amount of grant received for 2011: \_\_\_\_\_  
Amount of grant (2011 and prior years) projected to be unused as of 12/31/11: \_\_\_\_\_  
Amount requested for 2012: \_\_\_\_\_

Please provide a short summary of how the provision of pro bono service is coordinated in your district, including the intake process, the relationships of pro bono providers in the districts, how referrals are made, and how reporting is done.

<b>ANNUAL TIMETABLE FOR IOLTA GRANT FORMS:</b>
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January, April, July & Oct.:	Quarterly IOLTA payments distributed
April 1:	Annual IOLTA report due to IPBC
July 1:	Annual IOLTA grant application due to IPBC
November:	Notification of awards
December 1:	IBF grant agreement due and revised budget due

**Please write a brief summary of the 2012 grant request. Please include information regarding your district's planned activities including committee meetings, training, attorney recognition, newspaper or magazine articles, marketing and promotion. The grant request should cover needs to be addressed, methods, target audience, anticipated outcomes, and how past difficulties will be addressed. *Continue at bottom of p. 4 if needed.***

**BUDGETS for 2010, 2011 and 2012 for District # \_\_\_\_\_**

<b>Income Category</b>	<b>Year-End 2010 Income</b>	<b>2011 Actual Income To ____</b>	<b>2011 Budget</b>	<b>2012 Budget</b>	<b>Difference between 2011 and 2012</b>
<b>A. INCOME</b>					
1. IOLTA Grant Amount					
2. Previous year IOLTA grant carryover					
Other Income: <i>Explain source in narrative</i>					
<b>3.</b>					
<b>4.</b>					
<b>5. Total Income (sum of lines A1-A4)</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Expense Category</b>	<b>2010 Actual Expendi- tures</b>	<b>2011 Actual Expenditures to ____</b>	<b>2011 Budget</b>	<b>2012 Budget</b>	<b>Difference between 2011 and 2012</b>
<b>B. PERSONNEL EXPENDITURES</b>					
1. Plan Administrator (Salary & FICA)					
2. Paralegals (Salary & FICA)					
3. Support Staff					
Other – <b>Please Explain</b>					
4. Employee Benefits					
a. Insurance (WC, Health, Life)					
b. Retirement plans					
c. Other- <b>Please Explain</b>					
<b>5. Total Personnel expenditures (sum of lines B1-B4c)</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>C. NON-PERSONNEL EXPENSES</b>					
1. Occupancy (include utilities)					
2. Equipment Rental					
3. Office Supplies					
4. Telephone					
5. Travel					
6. Training/Conferences					
7. Library/Info. Technology					
8. Malpractice Insurance/D&O insurance					
9. Dues and Fees					
10. Marketing & promotion					
11. Attorney recognition					
12. Litigation expenses					
13. Equipment Acquisition					
14. Contract Services					
15. Grants to other pro bono providers					
16. Other- <b>Please Explain</b>					
<b>17. Total Non-Personnel Expenditures (sum of lines C1-C16)</b>					
<b>D. TOTAL EXPENDITURES (sum of B5 &amp; C17)</b>					
<b>E. ENDING FUND BALANCE (A5 less D)</b>					

### **2012 Budget Narrative**

Please provide descriptions of the following line items in the foregoing budget chart, by item number, in the space provided. Please explain any other budget entries that are not self-explanatory, including other sources of income and any significant deviation in requests from previous years.

Lines (B) (1), (2), (3), (4) Please indicate the number of hours per week for each personnel position, rate of pay, and all employee benefits.

Line (C) (1) Please describe the occupancy cost in terms of square footage, utilities or other amenities, and indicate whether the occupancy cost is above or below the market rate for that space.

*Continuation from page 2 if needed*